

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee  
(PT-PA)**A.**

Full Name (Last, First, Middle Initial)

Harry Mitchell For Congress

Mailing Address PO Box 23748

City  
TempeState  
AZZip Code  
85285

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Harry Mitchell

Office Sought:

☒

House

☐

Senate

☐

President

State: AZ

District: 05

Disbursement For:

2010

☒

Primary

☐

General

☐ Other (specify) ▼

Transaction ID: 35900547

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Friends Of Lois Capps

Mailing Address PO Box 23940

City  
Santa BarbaraState  
CAZip Code  
93121

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Lois Capps

Office Sought:

☒

House

☐

Senate

☐

President

State: CA

District: 22

Disbursement For:

2010

☐

Primary

☒

General

☐ Other (specify) ▼

Transaction ID: 35900548

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Re-Elect McGovern Committee

Mailing Address PO Box 60405

City  
WorcesterState  
MAZip Code  
01606

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Mr. James McGovern

Office Sought:

☒

House

☐

Senate

☐

President

State: MA

District: 03

Disbursement For:

2010

☒

Primary

☐

General

☐ Other (specify) ▼

Transaction ID: 35900549

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....